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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\* *none*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>WU</i>	Initials <i>1/27/06</i>		

## ADDRESS

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## TITLE

Feedback of channel quality information

FILING FEE  RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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